

Procter & Gamble - I.P. Division**IMPORTANT CONFIDENTIALITY NOTICE**

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

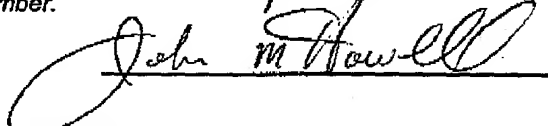
**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

TO: United States Patent and Trademark Office
Attn: Examiner Jeremy R. Pierce

Fax No. (703) 872-9311

Phone No. (703) 805-9311

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on Sept 29, 2003, to the above-identified facsimile number.

 (Signature)

FROM: John M. Howell

Fax No. (513) 626-1355

Phone No. (513) 626-3792

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Fee Transmittal, and one copy for authorization to charge fee to Deposit Account;
- 2) Petition for 5-month extension of time;
- 3) Appeal Brief Transmittal;
- 4) Appeal Brief (9 pages), in triplicate

Number of Pages Including this Page: **13**

Inventor(s): Pung et al.

S.N.: 09/186,902

Conf. No.: 2420

Filed: 11/06/1998

Case: 6937

Comments:

RECEIVED
CENTRAL FAX CENTER

OCT 01 2003

OFFICIAL

FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.	Complete if Known		RECEIVED CENTRAL FAX CENTER OCT 01 2003 OFFICIAL
	Application Number	09/186,902	
	Confirmation Number	2420	
	Filing Date	11/06/1998	
	First Named Inventor	D. J. Pung	
	Examiner Name	Jeremy R. Pierce	
	Group/Art Unit	1771	
TOTAL AMOUNT OF PAYMENT (\$2290.00)		Attorney Docket No. 6937	

METHOD OF PAYMENT (check one) 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																													
FEE CALCULATION 1. BASIC FILING FEE - Large Entity		<table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5th month</td><td>[1970]</td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td>[320]</td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(g))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">SUBTOTAL (3) (\$)[2290]</td> </tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 st month	<input type="checkbox"/>	1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>	1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>	1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>	1255	1,970	Extension for reply within 5 th month	[1970]	1401	320	Notice of Appeal	<input type="checkbox"/>	1402	320	Filing a brief in support of an appeal	[320]	1403	280	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	470	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(g))	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	SUBTOTAL (1)		SUBTOTAL (3) (\$)[2290]	
Code	(\$)	Fee Description	Fee Paid																																																																																																																												
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																												
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																												
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																												
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																												
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																												
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																												
1251	110	Extension for reply within 1 st month	<input type="checkbox"/>																																																																																																																												
1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>																																																																																																																												
1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																												
1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																												
1255	1,970	Extension for reply within 5 th month	[1970]																																																																																																																												
1401	320	Notice of Appeal	<input type="checkbox"/>																																																																																																																												
1402	320	Filing a brief in support of an appeal	[320]																																																																																																																												
1403	280	Request for oral hearing	<input type="checkbox"/>																																																																																																																												
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																												
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																												
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																												
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																												
1502	470	Design issue fee	<input type="checkbox"/>																																																																																																																												
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																												
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(g))	<input type="checkbox"/>																																																																																																																												
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																												
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																												
1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																												
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																												
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																												
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																												
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																												
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																												
SUBTOTAL (1)		SUBTOTAL (3) (\$)[2290]																																																																																																																													
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity																																																																																																																															
<table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$)[]</td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1001	750	Utility filing fee	<input type="checkbox"/>	1002	330	Design filing fee	<input type="checkbox"/>	1004	750	Reissue filing fee	<input type="checkbox"/>	1005	160	Provisional filing fee	<input type="checkbox"/>	SUBTOTAL (1) (\$)[]																																																																																																									
Code	(\$)	Fee Description	Fee Paid																																																																																																																												
1001	750	Utility filing fee	<input type="checkbox"/>																																																																																																																												
1002	330	Design filing fee	<input type="checkbox"/>																																																																																																																												
1004	750	Reissue filing fee	<input type="checkbox"/>																																																																																																																												
1005	160	Provisional filing fee	<input type="checkbox"/>																																																																																																																												
SUBTOTAL (1) (\$)[]																																																																																																																															
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> - 20** =</td> <td><input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** =</td> <td><input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p>		Total Claims	Extra Claims	Fee from Below	Fee Paid	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																														
Total Claims	Extra Claims	Fee from Below	Fee Paid																																																																																																																												
<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																												
Independent Claims <input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																												
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																												
<table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td><input type="checkbox"/></td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td><td><input type="checkbox"/></td></tr> <tr><td>1203</td><td>280</td><td>Multiple dependent claim, if not paid</td><td><input type="checkbox"/></td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td><td><input type="checkbox"/></td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 & over original patent</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$)[]</td></tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1202	18	Claims in excess of 20	<input type="checkbox"/>	1201	84	Independent claims in excess of 3	<input type="checkbox"/>	1203	280	Multiple dependent claim, if not paid	<input type="checkbox"/>	1204	84	**Reissue independent claims over original patent	<input type="checkbox"/>	1205	18	**Reissue claims in excess of 20 & over original patent	<input type="checkbox"/>	SUBTOTAL (2) (\$)[]																																																																																																					
Code	(\$)	Fee Description	Fee Paid																																																																																																																												
1202	18	Claims in excess of 20	<input type="checkbox"/>																																																																																																																												
1201	84	Independent claims in excess of 3	<input type="checkbox"/>																																																																																																																												
1203	280	Multiple dependent claim, if not paid	<input type="checkbox"/>																																																																																																																												
1204	84	**Reissue independent claims over original patent	<input type="checkbox"/>																																																																																																																												
1205	18	**Reissue claims in excess of 20 & over original patent	<input type="checkbox"/>																																																																																																																												
SUBTOTAL (2) (\$)[]																																																																																																																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John M. Howell	Registration No.	33,713
Signature	<i>John M. Howell</i>	Telephone	(513) 626-3792
		Date	Sept 29, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. For more credit card information and authorization on PTO-SB-17, see the Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

(Revised for P&G use 4/3/2003)